THIRD PARTY QUERY REQUEST

County Number: _____ Worker District Number: _____

Social Security Number: _____ Claim Account No: _____ BIC: _____

Last Name: _____ Middle Initial: _____ First Name: _____

Date of Birth: _____ Sex: _____ Category of Assistance: _____

Individual/Case ID Number: _____

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Request keyed by: _____ Date: _____

Date response received: _____

Response: (   ) No record found
            (   ) Printout attached

Category of Assistance:

A =	Work First	MAA =	Medicaid - Aged
F =	Food Stamps	MAB =	Medicaid - Blind
L =	LIEAP	MAD =	Medicaid - Disabled
E =	Emergency Assistance	MAF =	Medicaid - AFDC
S =	Special Assistance	MIC =	Medicaid - Infants/Children
V =	Services	MPW =	Medicaid - Pregnant Women
C =	Child Support	MQB =	Medicaid - Qualified Beneficiary
X =	Other	MRF =	Medicaid - Refugee
		HSF =	Medicaid - Foster Care

DSS-8200 (2-1-92)
Economic Independence/DMA